

CONFIDENTIAL

**REQUEST FOR APPOINTMENT OR CHANGE IN STATUS
OF ALTERNATE AND ASSISTANT TOP SECRET CONTROL OFFICERS**

DATE 9 June 55

TO : CIA Top Secret Control Officer

FROM:

Comptroller Division, Finance Division, Registry

1. NAME (Last) (First) (Middle Initial) 25X1A9a

2. OFFICE AND DIVISION
Finance Division, Registry

3. BUILDING Eye 4. ROOM NO. 2120 5. TELEPHONE EXT. 2462

6. REQUEST APPOINTMENT AS:

- ☐ AREA CONTROL OFFICER
☒ ALTERNATE
☐ ASSISTANT

7. REQUEST CHANGE IN STATUS:

- ☐ CANCEL CURRENT APPOINTMENT IMMEDIATELY
☐ CHANGE CURRENT APPOINTMENT AS INDICATED IN ITEM 6.
☐ CHANGE IN NAME, OFFICE AND DIVISION, BUILDING, ROOM, OR TELEPHONE EXT. AS INDICATED IN ITEMS 1-5.

REQUEST APPROVED.

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25X1A9a

SIGNATURE

1ST INDORSEMENT

DATE: _____

TO : Director of Security
FROM: CIA Top Secret Control Officer

1. It is requested that the Chief, SO approve this designation and notify this office of the action taken.

SIGNATURE FOR CIA TOP SECRET CONTROL OFFICER

2ND INDORSEMENT

DATE: _____

TO : CIA Top Secret Control Officer
FROM: Director of Security

1. Returned. (Approved) (Disapproved)

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